

ATTACHMENT IV

TEXAS DEPARTMENT OF HEALTH QUALITY ASSURANCE ON-SITE EVALUATION REPORT (CORE TOOL)

QA Task Force
Original 4/95
Revised 8/6/96

Agency Name:
Date of Review:
Name and Title of Person(s) Conducting the Review:
Funding Sources:
Services Provided by Agency:

For each review item, place an ✓ under the appropriate column (Yes, No, Not Applicable or Not Required). The column to the right should be used to clarify any No or N/A responses or to provide additional information. Comments can be continued on the back if additional space is needed. **This tool is to be used with the programmatic tool(s).**

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
A. Laws, Regulations and Policies				
1. The agency complies with relevant Federal, State and local laws including the Civil Rights Act, the American Disabilities Act and Nurse Peer Review.				
2. There is compliance with applicable local fire and safety laws.				
3. The agency has an HIV policy for employees.				
4. The agency has an Infectious Disease policy.				
5. Does the agency have written and established policies for:				
a. Release of information				
b. Transfer of records				
c. Patient/parent review of record				
d. Misfiled, lost or unavailable at the time of visit records.				
e. Format order within the record.				
f. Use of interpreter/translator and required documentation.				
g. Archiving records.				
h. Destruction of records.				
6. There is a written confidentiality policy.				

ATTACHMENT IV

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
B. Staffing and Personnel				
1. There is a current organizational chart which shows the lines of responsibility and authority.				
2. There is an appropriate job description for each position.				
3. Personnel hold the appropriate credentials and experience for their position.				
4. The agency has written personnel policies.				
5. Licensure and certification is verified and documented in the personnel record.				
6. Health care personnel have completed a CPR course within the last two years.				
7. Clinical practice is supervised by a registered nurse or physician.				
8. There is a policy to provide continuing education and staff development.				
9. All staff are identified by name/title tag.				
10. Medical care services are provided under the authority of a Medical Director or Medical Consultant who is a licensed physician in the state of Texas with knowledge in the program area.				
11. All positions are occupied by individuals with appropriate levels of training/education as required by job descriptions.				
12. There are qualifications for all established and contractual positions.				
13. The agency has professional staff providing case management services or who supervise case management activities.				
14. There is a method for conducting annual job performance evaluations of personnel, including contractual employees, which evaluates technical skills and job knowledge.				
15. There is a written orientation plan for new staff.				
16. Personnel records are maintained in a confidential manner.				
17. There is a probationary period for new staff.				
C. Planning				
1. There is a written plan which identifies the agency and program objectives for the coming year, that are developed with staff input.				

ATTACHMENT IV

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
2. Objectives are shared with all staff.				
3. The objectives are based on the needs of the community.				
4. Consumer satisfaction surveys are used for planning.				
5. There is an advisory board with consumer representation which is involved in planning and evaluation of services as evidenced in their minutes.				
D. Fees and Eligibility				
1. The agency has policies and procedures that address fee collection.				
2. There is a policy which guarantees that services will not be denied because of inability to pay.				
3. Client income/eligibility is appropriately determined and accurately documented.				
E. Third Party Billing				
1. The agency bills Medicaid, Title XX, private insurance, county indigent program, or other third party payers for program services if applicable.				
2. The agency assists potentially eligible individuals in applying for Medicaid.				
3. Agency returns 100% of program income to the program generating the funds. If not, why?				
F. Volunteers (Optional)				
1. The agency utilizes volunteers in the provision of services.				
2. The agency has a method for the recruitment, selection, orientation, training and evaluation of volunteers.				
3. There are written volunteer services protocols which includes a confidentiality statement.				
G. Records				
1. Each client has a comprehensive clinical record.				
2. There are signed consent forms.				
3. Agency has a system to organize medical records.				
4. Medical, eligibility and other confidential client information is kept in a locked and secure area when not in use.				

ATTACHMENT IV

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
H. Client's Rights				
1. Staff demonstrate privacy and confidentiality when providing services to clients.				
2. Bilingual staff or the services of an interpreter are available.				
3. General information and educational materials are available in the languages appropriate to the population served.				
4. There is a written grievance policy.				
I. Clinic Operations				
1. The agency has extended clinic services beyond regular working hours.				
2. A system is in place for triaging clients with medical problems 24 hours a day.				
3. Follow-up of missed appointments is conducted.				
4. Clients/parents have an opportunity to evaluate the clinic and services provided.				
5. Attempts are made by the agency to assist clients/families to establish a medical home.				
6. The agency holds a CLIA certification appropriate for the level of tests performed.				
J. Quality Assurance				
1. The agency has a written and implemented Quality Assurance plan that includes:				
a. QA committee				
b. Evidence of QA activities				
c. Protocols/Standing Delegation Orders for services provided				
d. Ongoing evaluation of clinical, counseling & educational services				
e. Ongoing record reviews to assure conformity to standards				
f. Observation of staff/client interactions				
g. A system developed or being developed to monitor outcomes of the services provided				
h. Evaluating the documentation of actions taken on clients with designated adverse outcomes				

ATTACHMENT IV

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
i. Training and education based on QA results				
K. Pharmacy				
1. Classification of Pharmacy _____				
2. The pharmacy is monitored in accordance with regulations regarding its classification.				
3. The drug formulary is appropriate for the level of clinical services being provided on site.				
4. There is a system for:				
a. Storage/handling of biologicals and medications				
b. Inventory of drugs				
c. Issuing drugs				
d. Handling of outdated/missing drugs				
5. Emergency equipment and supplies are available.				
L. Referral and Follow-Up				
1. A listing of appropriate referral resources is maintained which includes current name, address, and phone number and is available to all staff making referrals.				
2. There is a written formalized system for updating the referral directory that includes the title of the person responsible.				
3. The agency has a system which includes a policy for complete disposition of referrals.				
M. Community Education and Outreach				
1. The agency has a plan to provide community education and outreach.				
2. There is evidence of implementation of community education and outreach.				
OBSERVATION				
A. Facility				
1. The facility is clean and appropriately maintained.				

ATTACHMENT IV

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
2. Clinic is geographically accessible to target population.				
3. The agency has signs posted and visible to clients.				
4. Clinic meets ADA regulations and handicap parking is designated.				
5. The facility is adequately equipped for services provided.				
6. There are hand washing facilities available in or near exam rooms.				
7. There are locked areas for:				
a. Equipment				
b. Syringes/needles				
c. Medications				
8. There is proper disposal of sharps and medical waste.				
9. Fire extinguishers are available and annually inspected/charged.				
B. Client Services				
1. Education/counseling according to client needs.				
2. Physical assessment/lab according to program standards.				
3. Appropriate history obtained.				
4. Appropriate client management and follow-up.				
5. Appropriate referrals and follow-up.				